PTO/SB/123 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to resp

CHANGE OF CORRESPONDENCE ADDRESS Patent

Address to: Mail Stop Post Issue Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Patent Number	6,917,829
Issue Date	July 12, 2005
Application Number	09/925,612
Filing Date .	August 9, 2001
First Named Inventor	Manlik KWONG
Attorney Docket Number	0113781.00121US2

Please change the Correspondence Address for the above	e-identified patent to:		
The address associated with Customer Number: OR	i		
X Firm or Matthew Kristin Kundividual Name CLINICAL CARE SYSTEMS, If	NC.		
Address 190 Grove Street			
City Lexington	State MA	ZIP 02420	
Country			
Telephone	Email		
This form cannot be used to change the data associated with a Custexisting Customer Number use "Request for Customer Number Data." This form will not affect any "fee address" provided for the above-ide Address Indication Form" (PTO/SB/47). I am the: Patentee. Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form	Change" (PTO/SB/124). ntified patent. To change a "fee 3.71.		
x Attorney or agent of record. Registration Number	32,590		
Signature Q			
Typed or Printed Name Eric L. Prahl	-		
Date March 20, 2009	Telephone (617) 526-6	000	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of1 forms are submitted.			